

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 43     | 1/20/01 |
| FORMALITY REVIEW          | A.S.     | 993    | 2-28-01 |
| RESPONSE FORMALITY REVIEW | M.M.     | 780    | 5-29-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 2/10/01 |
| 2        | 2/15/01 |
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If more than 150 claims or 10 actions  
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